

## PARENT'S QUESTIONNAIRE

Name of Child \_\_\_\_\_

Date \_\_\_\_\_

Please answer all questions.

Beside each item, indicate the degree of the problem by a check mark ( ✓ )

		Not at all	Just a little	Pretty much	Very much
1	Picks at things (nails, fingers, hair, clothing).				
2	Sassy to grown-ups.				
3	Problems with making or keeping friends.				
4	Excitable, impulsive.				
5	Wants to run things.				
6	Sucks or chews (thumb; clothing; blankets).				
7	Cries easily or often				
8	Carries a chip on his shoulder.				
9	Daydreams.				
10	Difficulty in learning.				
11	Restless in the "squirmy" sense.				
12	Fearful (of new situations; new people or places; going to school).				
13	Restless, always up and on the go.				
14	Destructive.				
15	Tells lies or stories that aren't true.				
16	Shy.				
17	Gets into more trouble than others same age.				
18	Speaks differently from others same age (baby talk; stuttering; hard to understand).				
19	Denies mistakes or blames others.				
20	Quarrelsome.				
21	Pouts and sulks.				
22	Steals.				